CITY OF DETROIT
FINANCE DEPARTMENT
INCOME TAX DIVISION
COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVE. SUITE 512
DETROIT, MICHIGAN 48226-3456

2003

EMPLOYER'S MONTHLY RETURN FOR DETROIT INCOME TAX WITHHELD

D941 / 501
ENCLOSED: 12 VOUCHERS & LABELS
INSTRUCTIONS
SUMMARY & ADDRESS VOUCHERS

DO NOT DESTROY

NEW FORM EFFECTIVE BEGINNING WITH PERIOD JANUARY 2003

INSTRUCTIONS FOR D941/501

A monthly payment of Detroit income tax withheld is required for each month in which the amount withheld exceeds \$100.00. Payment is due on or before the last day of the month following the period in which the taxes were withheld.

A **quarterly** payment is allowed when the amount withheld does not exceed \$100.00 per month. Payment of withholding on a quarterly basis is due on or before the last day of the month following the quarter in which taxes were withheld. Employers shall remit quarterly payments by completing vouchers 3, 6, 9, and 12.

NOTE: A monthly or quarterly voucher must be filed. If you have not withheld during the period, you must file a return with the notation "NONE" on line 3.

Checks should be made payable to "Treasurer, City of Detroit" and mailed to: Treasurer, City of Detroit, Income Tax, P.O. Box 67000, Detroit, Michigan 48267-1319.

Adjustment to Income Tax Withheld (Line 2) is used to correct errors made on prior monthly returns for the current calendar year only. DO NOT MAKE ADJUSTMENTS FOR UNDERCOLLECTIONS OR OVERCOLLECTIONS APPLICABLE TO A PRIOR YEAR. CONSULT THE INCOME TAX DIVISION BY CALLING (313) 224-3315.

Employer I.D. # — Your Federal Employer Identification Number is used by the City of Detroit and is printed on your Form D941/501. If a new employer has not received a Federal Identification Number, the City will assign a temporary number. This will be in effect until the Federal Identification Number is assigned. A Federal Identification Number may be obtained from any Internal Revenue Service district office by filing Form SS-4. IN NO CASE SHOULD AN EMPLOYER USE A NUMBER ASSIGNED TO A PRIOR OWNER.

Correcting Preprinted Data — If your payment is for a different period than indicated or employer identification is incorrect, the necessary corrections should be made on the face of the form. Address changes may be made on the separate address change voucher.

Final Return — If you do not expect to pay wages subject to tax in the future you must file a "Final Return" and answer the applicable questions on the reverse side of form D941/501. Complete forms W-2, Withholding Tax Statement, and DW-3, Reconciliation of Income Tax Withheld, and mail within 30 days to Treasurer, City of Detroit Income Tax, P.O. Box 67000, Detroit, Michigan 48267-1319.

Sale or Transfer of Business — If a business is sold or transferred, each employer must file a separate return. Neither employer should report wages paid by the other employer.

If a statutory merger or consolidation occurs, the continuing corporation will file in the same manner as it does for Federal withholding.

ADDRESS CHANGE VOUCHER

CITY OF DETROIT • FINANCE DEPARTMENT INCOME TAX • INCOME TAX 2 WOODWARD AVE., SUITE 512, DETROIT, MICHIGAN 48226-3456

NOTE: NAME & COMPLETE ADDRESS REQUIRED

FEIN:	-	
SIGNATURE	DATE	
TITLE	-	

			T T
NOTE: Name	& Complete Address	Required	AMOUNT WITHHELD THIS MONTH
			2. ADJUSTMENTS FOR PRIOR MONTH ONLY
PERIOD	DUE ON	IDENTIFICATION NO.	3. AMOUNT DUE
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1	SIGNA	ATURE	DATE
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DETROITAX WIT	HILLD PAY	TREASURER CITINCOME TAX P.O. BOX 67000 DETROIT, MICHI	
NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
			2. ADJUSTMENTS FOR PRIOR MONTH ONLY
PERIOD	DUE ON	IDENTIFICATION NO.	3. AMOUNT DUE
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2	SIGNA	ATURE	DATE
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DETROITAX WIT	HITELD PAY	TREASURER CI'INCOME TAX P.O. BOX 67000 DETROIT, MICHI	
NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
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PERIOD	DUE ON	IDENTIFICATION NO.	3. AMOUNT DUE
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DETROI [*] TAX WIT D941/50 [*]	HITELD PAY	INCOME TAX P.O. BOX 67000	ITY OF DETROIT IGAN 48267-1319
NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
			2. ADJUSTMENTS FOR PRIOR MONTH ONLY
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NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
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NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
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PERIOD	DUE ON	IDENTIFICATION NO.	3. AMOUNT DUE
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NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
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10	SIGNA	TURE	DATE
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DETROIT TAX WIT D941/501	HILLD PAY	E CHECK ABLE TO P.O. BC	SURER CITY OF DETROIT IE TAX DX 67000 DIT, MICHIGAN 48267-1319
NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
			2. ADJUSTMENTS FOR PRIOR MONTH ONLY
PERIOD	DUE ON	IDENTIFICATION NO.	3. AMOUNT DUE
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11	SIGNA	TURE	DATE
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NOTE: Name	& Complete Address	Required	1. AMOUNT WITHHELD THIS MONTH
			2. ADJUSTMENTS FOR PRIOR MONTH ONLY
PERIOD	DUE ON	IDENTIFICATION NO.	3. AMOUNT DUE
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12	SIGNA	NTURE	DATE
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Other:	City	Street	Your current address:	☐ Moved out of Detroit	City	Street	Name	☐ Business sold to:	(Date)	Wages will be paid starting	☐ Still operating — Ceased paying wages.	(Date)	Operations will be resumed on	☐ Business temporarily discontinued.	☐ Business permanently discontinued.	Check reason for "Final Return" and answer applicable questions:	Last bay benoun minich benot taxes were mininera.
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Other:	City	Street	Your current address:	☐ Moved out of Detroit	City	Street	Name	☐ Business sold to:	(Date)	Wages will be paid starting	☐ Still operating — Ceased paying wages.	(Date)	Operations will be resumed on	☐ Business temporarily discontinued.	☐ Business permanently discontinued.	Check reason for "Final Return" and answer applicable questions:	Last þaf þeindi in millen benoti laxes weile millilæid.
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☐ Other:	City	Street	Your current address:	☐ Moved out of Detroit	City	Street	Name	☐ Business sold to:	(Date)	Wages will be paid starting	☐ Still operating — Ceased paying wages.	(Date)	Operations will be resumed on	☐ Business temporarily discontinued.	☐ Business permanently discontinued.	Check reason for "Final Return" and answer applicable questions:	Last bay bellou III willion belloit laxes welle willinglu.

INSTRUCTIONS FOR FORM DW-3

Who must file — Every employer must file form DW-3 for the previous year on or before the last day of February. (Please note that the remittance of fourth quarter tax withheld is due on or before January 31.) Form DW-3 serves as the transmittal statement for Form W-2. A form W-2 must be submitted for each employee:

- a. From whom Detroit tax has been withheld during the year, or
- b. Who earned wages in Detroit or lived in Detroit during the year, even though no income tax was withheld.

Information Required

Form W-2 must set forth employer's name, address and identification number, and

- 1. Employee's name and address
- 2. Employee's social security number
- 3. Total compensation paid during the year
- 4. Amount of Detroit Income Tax withheld

This information must be furnished to the City on Copy 1 of approved W-2 form. The City will accept EDP magnetic tapes, diskettes and CDs in the proper format in lieu of W-2s. Diskettes and CD-Rom should be in Excel or text format.

Reconciliation — The reconciliation form DW-3 applies only to City of Detroit income taxes withheld. Line 1 must be supported by a detailed listing (such as an adding machine tape) indicating the total of taxes as shown on W-2's. Line 2 must state the total amount paid as per the summary on the reverse side of the Form DW-3. Do not list payments for more than one calendar year. Each year is reconciled separately.

Filing — Form DW-3 must be filed. If line 1 is greater than line 2, payment must accompany form DW-3. (Make checks payable to "Treasurer, City of Detroit".) If line 2 is greater than line 1 attach an explanation and request a refund of the overpayment. **DO NOT TAKE CREDIT ON ANY D941/501**, a refund will be issued by the City after verification of the facts.

Mailing — Mail completed DW-3 form with W-2 forms to City of Detroit Finance Department, Income Tax, 2 Woodward Ave., Suite B3, Detroit, Michigan 48226. Postal rules require that this material be sent First Class mail. Large numbers of W-2 forms may be forwarded in more than one package. Packages should be numbered serially as part of a group (e.g., 1 of 5, 2 of 5, 3 of 5, 4 of 5, 5 of 5) and be clearly marked with the name of the employer account to which they belong.

Employers desiring further information may call 313-224-3315.

DW3

Name

City or Town

Attach Check or Money Order Here

Federal Identification Number

Address (Number, Street or Rural Route)

Number of W-2s submitted ____

Total Tax paid this year

City of Detroit Income Tax Withheld Annual Reconciliation

Account ID.

2002	STAMP DLN HERE
2003	\$
· · · · ·	NAICS Code
State	Zip Code
1	
2	
le → 3	
	accompanying schedules and statements) prepared by a person other than the tax-ny knowledge.
Title	
	ial Security Number is needed.
Returns with pa	CITY OF DETROIT

This reconciliation is due on or before February 28, 2004.

Make check payable to Treasurer, City of Detroit

2. Detroit Tax withheld as shown on attached W-2s

3. If line 2 is larger than line 1, enter the amount of tax due ____ 3

Please complete schedules on page 2.

Under penalty of perjury, I declare that I have examined this return (including and to the best of my knowledge and belief it is true, correct and complete. payer, the declaration is based on all information of which the preparer has

Signature

Phone Number

If prepared by other than taxpayer, Federal Employer Identification Number or S

Return to:

CITY OF DETROIT

Coleman A. Young Municipal Center 2 Woodward Avenue, Suite B-3 Detroit, Michigan 48226

TREASURER, CITY OF DETROIT

P.O. Box 33530 Detroit, MI 48232

SUMMARY

List payments with D941/501 employer's returns

Amount withheld as reported on quarterly returns

JANUARY		
FEBRUARY		
MARCH		
Quarter Ended	MARCH 31	\$
APRIL		
MAY		
JUNE		
Quarter Ended	JUNE 30	\$
JULY		
AUGUST		
SEPTEMBER		
Quarter Ended	SEPT 30	\$
OCTOBER		
NOVEMBER		
DECEMBER		
Quarter Ended	DEC 31	\$
TOTAL PAID*		\$ _
* (Enter on Page	1, line 1.)	

JANUARY		
FEBRUARY		
MARCH		
Quarter Ended	MARCH 31	\$
APRIL		
MAY		
JUNE		
Quarter Ended	JUNE 30	\$
JULY		
AUGUST		
SEPTEMBER		
Quarter Ended	SEPT 30	\$
OCTOBER		
NOVEMBER		
DECEMBER		
Quarter Ended	DEC 31	\$
TOTAL PAID*		\$ _
* (Enter on Page	1, line 2.)	

USE PRESSURE SENSITIVE ADDRESS LABELS BELOW TO RETURN YOUR CHECK AND VOUCHER

Idulialiadadadadadadadadadadadadadadadadada	Idalialadaladadadadladladladladladdad DEPT 131901 INCOME TAX — WITHHELD TREASURER CITY OF DETROIT PO BOX 67000 DETROIT MI 48267-1319
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